PUBLIC PROTECTION CABINET

Matthew G. Bevin
Governor

Department of Insurance
P.O. Box 517
Frankfort, Kentucky 40602-0517
1-800-595-6053
http://insurance.ky.gov

David A. Dickerson
Secretary

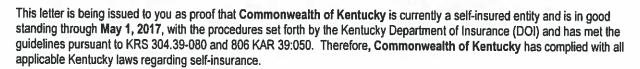**H. Brian Maynard**
Commissioner

April 27, 2016

Commonwealth of Kentucky
c/o Division of State Risk and Insurance Services
209 St. Clair Street
Frankfort, KY 40601

SUBJECT: Motor Vehicle Self Insured = **S1160, DOI #765325**

Dear Self Insured Entity/Individual,

This letter is being issued to you as proof that **Commonwealth of Kentucky** is currently a self-insured entity and is in good standing through **May 1, 2017**, with the procedures set forth by the Kentucky Department of Insurance (DOI) and has met the guidelines pursuant to KRS 304.39-080 and 806 KAR 39:050. Therefore, **Commonwealth of Kentucky** has complied with all applicable Kentucky laws regarding self-insurance.

A self-insurer is responsible for providing, with respect to each motor vehicle owned or operated by the self-insurer, security for the payment of basic reparation benefits in accordance with KRS 304.39-020(2) and tort liabilities in accordance with KRS 304.39-110. In the event of an accident/claim, please contact the company's self-insurer's representative (*the DOI can help with the contact information for the company if need be, but not with the claim*). In accordance with KRS 304.39-020(2), KRS 304.39-110, and other Kentucky law regarding motor vehicle self-insurance, the self-insured entity is financially responsible for any valid claims made against it for covered losses. Also, please understand that the DOI does not become your insurance company, your legal advisor, or your personal counsel for defense of any claims made against you.

Please note that the "S" number located in the subject heading is your company's self-insurance number and can assist you when trying to renew your vehicle information. You will need to distribute copies of this letter to those covered under this self-insurance program as verification of their self-insured status (a copy of this document should be kept with vehicles reported to DOI on an annual basis). Should questions or concerns arise regarding company status, address change, or contact information, please contact DOI at (800) 595-6053 or my direct line, (502) 782-5219.

Sincerely,

Rob Doctrow

Rob Doctrow
Kentucky Department of Insurance

Company Contact Information For Claims To Be Filed: *(Complete blanks prior to making copies for vehicles)*	NAME : _____ PHONE: _____